

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED

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Printed: 10/31/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/31/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>TOPPENISH NURSING &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 WEST THIRD STREET TOPPENISH, WA 98948</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Fire and Life Safety Complaint WAIVER Investigation conducted on October 31, 2013 at Toppenish Nursing Rehab Center, 802 West 3rd Street, Toppenish, WA by a representative of the Washington State Fire Marshal's Office. The complaint from the Department of Social and Health Services, (Complaint Resolution Unit) has an Intake ID number of 2877146, which states: Complaint forms are needed for the following waiver follow-up inspections: Toppenish Nursing and Rehab - Toppenish Provider #50 5096 .</p> <p>The facility was cited for K-146 = 1 and 1/2 hour alternate power and K-147 Electrical. (This should actually be K144- Generators) The facility was asked to install battery powered emergency lighting while the facility installed the generator. The generator was installed and acceptance tested by other agencies on July 17, 2013. The generator is in the exterior south side of the building. The generator is not in a confined room. A remote panel was install in the central nurses station that has both audible and visible notifications. The facility will decide whether they will remove all the battery lights that were installed in the interim or continue to test and maintain them as required with monthly 30 second tests and annual 90 minute tests. Investigation today revealed that the installation of the remote annunciator has both visual and audible functions and installation is accepted as meeting the requirements for remote annunciators for generators. No further investigation is required for this complaint-waiver.</p> <p>Based upon observations and interviews with the DNS and the Maintenance Director, Toppenish Nursing and Rehab Center is in compliance with</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*


*[Signature]*

*10/31/2013*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 the Life Safety Code 2000 Edition as adopted by C.M.S.  The Surveyor was:  Deputy State Fire Marshal Nursing Home Surveyor 28058  The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002	K 000			